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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On October 9, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: Aaron Hokamura

Aaron Hokamura

PATENT
Attorney Docket No.: 082368-001800US
Client Ref. No.: ONC-X0204P-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

NAKAMURA and FURUKAWA

Application No.: 10/518,938

Filed: December 5, 2002

For: METHOD FOR DIAGNOSIS OF
COLORECTAL TUMORS

Customer No.: 20350

Confirmation No. 8069

Examiner: Leavitt, Maria Gomez

Technology Center/Art Unit: 1633

RESPONSE TO RESTRICTION

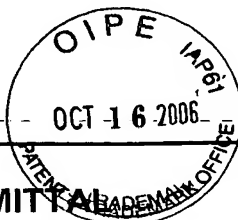
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 8, 2006, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.



1FW

PTO/SB/21 (07-06)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/518,938
Filing Date	December 5, 2002
First Named Inventor	Nakamura, Yusuke
Art Unit	1633
Examiner Name	Leavitt, Maria Gomez
Attorney Docket Number	082368-001800US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (Response to Restriction) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cited References AJ-AN; Return Postcard
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Matthew E. Hinsch		
Date	October 9, 2006	Reg. No.	47,651

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Aaron Hokamura	Date	October 9, 2006